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# A LETTER

TO THE

COMMISSIONERS

OF

MILITARY ENQUIRY.

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A  
LETTER  
TO THE  
COMMISSIONERS  
OF

Military Enquiry ;

EXPLAINING THE  
TRUE CONSTITUTION OF A MEDICAL STAFF, THE BEST FORM  
OF ECONOMY FOR HOSPITALS, &c.

WITH A  
REFUTATION OF ERRORS AND MISREPRESENTATIONS  
CONTAINED IN

A LETTER by Dr. BANCROFT

ARMY PHYSICIAN,

DATED APRIL 28, 1808.

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By ROBERT JACKSON, M. D.

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London :

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## LETTER, &c.

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GENTLEMEN,

A LETTER addressed to you by Dr. Bancroft, Physician to the Forces, has just now been put into my hands ; in which the Dr. accuses me of having stated facts, and advanced opinions which, credited by you, and admitted into your pages, have filled your fifth report with error, and led you to present suggestions for the reform of the Medical Department of the Army, which are injurious rather than useful to the public interest.

As I am, as far as I know, the only person in the nation who has written on medical arrangement for armies, it is not unreasonable to suppose, that you were sometimes directed to the object of your enquiry by what you met with in my publications ; but, though I believe that I sometimes directed you to your object, I do not assume to myself that important place

Cause of  
his address

in your estimation which Dr. Bancroft asserts you assign to me ; nor can I permit myself to think that you are so incompetent for your duty, or so unworthy of your trust that you read my book and adopted my opinions without having certified yourselves of their truth by proper evidence. You are to observe, and the Dr. may do the same, that there are points in my works which I state positively to be matters of fact. These were verified by my own experience, and I maintain them to be true in the face of the world ! There are others which are only presumptive—I believe them to be equally true ; but I had not authority to call for the official documents which would have rendered their truth demonstrative.—The situation in which you, as Commissioners, have been officially placed, gives you advantages on that head, which, as a simple individual, I could not attain. But admitting, for the sake of argument, that I have not been sufficiently precise and accurate on some points of the subject of your enquiry, and taking it for granted that you are guided by my notions in framing your report, it is not to be wondered at that you erred in your course, as you are supposed to speak —not from your own knowledge.

I suppose this to be the case ; (I do not believe it to be the case in fact) ; and I admit that, if error exist, it ought to be corrected—its author or authors ought even to be severely reprimanded. To this I, for my own part, willingly accede ; and I believe that you yourselves, as Commissioners, will not refuse to submit to a fair examination. I must however observe in this place, that the person, who has assumed the office of censor on this occasion, unless we are to consider him as a person supernaturally endowed, cannot be supposed to be well qualified for the undertaking. Dr. Bancroft was a very young man, not exceeding twenty-two, when he obtained his rank among the army physicians in the year 1795. He could not, at the time of his appointment, be supposed to have any acquaintance with armies ; and his duties since then, like the duties of other physicians, being confined to the wards of hospitals only, the sphere of his observations, in matters which relate to the general business of the Medical Department, could not, in the nature of things, be extensive, had he even served longer than he has served, and been more zealous than he is known to have been.



Those who are acquainted with his history will not perhaps be disposed to consider him as well qualified for the office he has assumed, even though supported by the great learning of the Physician General, and armed by a degree of Doctor from the University of Cambridge. But, defective in experience as Dr. B. must be acknowledged to be, had he yet shewn the candour which belongs to a liberal man and a physician, you and others might have been disposed to listen to him with attention; for you would have believed that his design was good. On the contrary, the Dr. presumptuous in his professional rank which he conceives to be superior to actual knowledge, and irritated by disappointment that his class has not been placed in your projected arrangement on the pinnacle of medical power, forgets the decorum of a gentleman's language; and, though a *regular* physician of the British army, indulges freely in misrepresentation and abuse as if he addressed the American Congress,—not British Commissioners for Military Inquiry.

If the Dr. does not respect you, who are constituted judges on a subject of important national concern, I have no right to expect that he would act with candour towards me, who



am only an obscure individual, and one whom he moreover considers as the author of the injuries that have been directed against his class. He has accordingly attacked my writings ; and in doing this he has so mixed and garbled my words, so perplexed and perverted my meaning on different occasions, that, without reference to my own text, I should sometimes scarcely know myself what I mean.

I published the works alluded to with a view to give information to the public on a subject which I considered to be important. Those who are desirous to know the truth will look into the original, not implicitly credit the garbled statements of Dr. Bancroft. In the presumption that they will do so, I fear no unfavorable decision ; and, desirous to remain at peace with all men, I should have suffered the Dr.'s letter to you to pass without notice on my part, did I not conceive it to be my duty to elucidate some points respecting medical arrangement in which he asserts I have led you into error. In doing this I shall endeavour to elucidate the question in a manner that men of plain common sense, without initiation into the mysteries of the medical art, may, while they see the fact, be enabled to comprehend its reasons.

You will then, I trust, be convinced that I have not misled you; and you will be confirmed at the same time in your opinion that you have not misled the public.

Points to  
be examin-  
ed.

The points which chiefly claim your attention, and in which I am principally concerned, relate to the qualification of the Medical Officer—the rule observed in selecting him—the comparative advantages and disadvantages of general and regimental hospitals, with an estimate of the just proportion of a medical staff for the service of an army of a given force. It is difficult to follow Dr. B. in his wanderings through these subjects: he moves desultorily every where, and decides nothing conclusively any where, except by assertion; which you and the public will not perhaps be so complaisant as to take for argument.

Qualifica-  
tion of the  
medical Of-  
ficer.

In the first place then, with regard to qualification: Medical Officers are of two classes, viz. the regular physician, who attends his terms at one of the English universities, either Oxford or Cambridge, who obtains his degrees at the proper age, and who afterwards becomes Fellow of the College of Physicians of London. Such is the perfect physician—regular in all his

progress, the person to whom the care of the British army ought exclusively to be committed, as possessing a right to exclusive knowledge from the ceremonials through which he obtains the Doctor's cap. Besides the above, there are a kind of half regulars, consisting of persons who have studied medicine, or who have obtained a diploma at a Scotch or Irish university; and who have afterwards been licenced to exercise their art, on paying a sum of money to the College in Warwick Lane.

The other class, and it constitutes the great body of Army Medical Officers, is comprehended under the denomination of Regimental Surgeon. The subjects of this class are often obscure in their rise, and irregular in their progress. They trust, or pretend to trust to no other qualification, except possession of the knowledge of their profession, which is the art of curing diseases by the speediest and safest means, without licence according to the statute of Henry the Eighth. The regimental surgeon may cure a disease,—a fever for instance, as safely and more speedily than the regular physician; he is, notwithstanding, precluded from bearing the name, and ostensibly from assuming the physician's office in the British army.



Physician-  
general's  
answer.

11.

The physician-general is considered to be the author of the rule of exclusion to which I now allude ; and, it would have been well, if you had called upon him to explain his reasons for the enactment of his law more intelligibly than he has done in his answers to your queries. You put the question to Sir Lucas Pepys, viz. Would not the gentlemen, who have acted as surgeons to regiments, and have afterwards served in army hospitals, be equally, or rather more fit, to be appointed physicians to the army than the persons you have usually recommended? Answer. I think not, because their education does not lead them to a knowledge of principles.

I am not surprized that you did not understand the important information, as Dr Bancroft terms it, conveyed in this answer of the physician-general. In my apprehension it means nothing ; or it means that medical science can be learned, according to principle, only at privileged places, though it be known to every one that that there was not, when this rule was enacted, a regular medical school at either Oxford or Cambridge, not even a public hospital where the student had the opportunity of verifying the truth of his principle by application in practice : yet, without such opportunity he can have no expe-

rience ; and without such experience his education must be admitted, by every unprejudiced person, to be defective. I do not deny that Oxford and Cambridge are excellent seminaries for classical learning, mathematics, and logic ; and that men have been enrolled at Oxford and Cambridge who have proved themselves to be great physicians ; but greek and latin, mathematics, and logic, may be learned at other places besides Oxford and Cambridge ; and, unless the physician-general can satisfy the public that, when a student is enrolled in the lists of the university, he is presented with a key or pick-lock for all science, I can see no reason why a young man, who knows greek and latin, mathematics, and logic, as well as a Cambridge student,—for instance, as well as Dr. Bancroft himself, and who attends the same courses of lecture, and walks the same hospitals, and at the same time, in London or at Edinburgh, as Dr. B. does, should be qualified for no higher degree than to compose drugs or administer glysters ; while the Dr., because he had a knowledge of *principles*, that is, had kept his terms at Cambridge, was at once appointed physician to the king's troops, and held to be duly qualified to cure the most



formidable diseases in the most unhealthy climates of the earth by prescription, or without previous experience.—This is a real case, illustrated and confirmed by the example of Dr. Bancroft himself.

The Doctor appeared at the Cove of Cork in the year 1796, on his passage to the West-Indies: there were then, on the medical staff at that place, young men, destined for the same service, of riper years, and I have reason to believe not inferior in classical education to the Doctor;—men, who had attended more lectures, walked more hospitals than the Doctor from his years could be supposed to have done: nay, some of them had even been intrusted with the care of sick men, yet they were ignorant and inferior in his estimation, incapable, according to the regulations of Sir Lucas Pepys, of prescribing for a patient: the Doctor was enlightened, because he was initiated at Cambridge,—not because he had seen much.

This law of exclusion and assumption of knowledge by prescription, may be right; but the *irregulars* do not understand it; and therefore, I think with Dr. Bancroft, that you did not



sufficiently consider its import, otherwise you would have demanded an explanation of it from the physician-general for the benefit of the vulgar.

The answer to the next, or twelfth question, viz. "Would not the hope of such promotion," (viz. the physician's rank) "act as a useful stimulus to the diligence and good conduct of the inferior officers in the medical department of the army?" Answer. "No doubt an increase of pay would act as a stimulus, but that should not be obtained at the expence of the lives of the soldiers," appears, according to Dr. Bancroft, to be equally lost upon you as the preceding. It does not strike me that the physician-general conceived the just import and tendency of your question. I interpret it thus,—Whether the hopes of advancement to that higher rank, which commands respect, and which increases a man's usefulness, would have the effect of stimulating individuals to exertion, so as to deserve promotion. The increased emolument is an appendage to the promotion; it was not, I presume, the direct object in your contemplation: nor is it the direct object in the mind of the honorable and conscientious surgeon.

Physician-  
general's  
answer.  
12.

The physician-general on the contrary, who, as a practising physician, calculates his importance and measures his activity by the number and magnitude of his fees, did not seem to comprehend that there is any thing in promotion besides increased pay, answering, that "No doubt increase of pay would act as a stimulus." Sir Lucas Pepys here undesignedly develops his character, and unfolds the cause which moves him into action.

The physician-general's pay is 2*l.* per day; but he complains that it is scanty; and it, in fact, appears to be insufficient to rouse him into activity. He is supposed, as a duty of his station, to visit the general hospitals in Great Britain; and to illuminate by his superior light the obscure mind of the ordinary physician, where he may be embarrassed by difficulties, or encompassed by sickness of an unusual kind or dangerous nature. Now it is known of a truth, that Sir Lucas Pepys, with the exception of one visit to a regimental hospital at Maldon for a particular purpose, never once visited a military hospital since the time of his appointment to the present day; though serious and destructive sicknesses have made their appearance, on different occasions, in the hospi-



als at Plymouth, Southampton, Gosport, Deal, Chatham, the Isle of Wight, and even at York hospital, which is in the vicinity of his head quarters.

As Sir Lucas complains that his pay is insufficient, and, as this insufficiency of pay is apparently the cause why he remains torpid and indifferent, you may probably be able, in the course of your enquiries and experiments, to discover the measure of his dose, so that he may be put in motion and preserved from this time forward in a course of exertion for the good of the British army.

It is reasonable to suppose, from what we have seen, that the quantum will not be small ; but, as I am bound to believe that you wish well to the interest of your country, and as you cannot but be convinced of the importance of the army's health for your country's security, I am confident that you will not recommend that it should be stinted. If pay can make him active and useful, let him be made so at any amount ; for the health of the army in the present time, is better than a house full of gold.



To the latter part of the sentence, viz. "That promotion should not be obtained at the expence of the lives of the soldiers," I most willingly accede ; and, in correspondence with this view, I lay it down as a fundamental rule, that no medical officer, neither physician or regimental surgeon, shall be entrusted with the care of the soldier's life till he has given proof, by actual experiment, that he is fit for his duty.

I admit the truth, and praise the humanity of the physician-general's remark ; but I cannot perceive that he has been studious to give it effect in practice, for he has committed the execution to chance. He could have no knowledge whether a young man of twenty-two, who had never treated diseases, and had not yet, in fact, obtained the degree which is supposed to confer medical knowledge, would be a skilful army physician or not ; yet, there was no hesitation in giving the appointment, through fear that the lives of the king's soldiers might be sacrificed to inexperience : that danger was only apprehended, when persons, who had already treated diseases with success in regimental hospitals, aspired to the physician's rank.

This remark of the physician-general, though true in itself, is insulting and uncharitable as applied to regimental surgeons. He has not, I presume, well considered it, before he gave it enunciation ; it must, in fact, either be regarded as a calumny on the whole body of the class, or it reproaches himself with a dereliction of his duty, in having permitted their work of destruction to go on so long without remonstrance on his part. I hold it to be equally a loss to the nation, whether the soldier die through the unskilfulness of the medical officer in a regimental or in general hospital ; and, as this is self-evident, I should conceive it to be the duty of the physician-general, and it is, in fact, implied in his duty, to enquire into the nature of diseases, and the manner in which they are treated in the one, equally as in the other. If the regimental surgeon be debarred from entering the general hospital in the character of physician, through fear of his depriving the king's sick soldiers of their lives by treating their diseases unskilfully, it is criminal to permit him to pursue his blundering course in the hospital of a regiment, where he produces an uncontrouled destruction.

If the physician-general has seen this, and has not endeavoured to remedy the mischief, he is condemned in his own conscience for neglect of duty ; if he insinuates a charge, without knowledge of the fact, he is guilty of gross calumny. He speaks contemptuously, and even injuriously of a body of men, few of whom, I presume, he knows personally, and whose professional acquirements he does not appear to have taken the trouble to ascertain : that they are not all skilful and learned, I am ready to admit ; but I know, and the public knows it as well as I do, that there are many among them who are both learned and skilful ; not inferior in liberal and professional education to the best of our regular physicians, and superior to many of them in the extent and variety of their knowledge.

If, from among the good, the surgeon-general has at any time raised the bad to the higher rank and more responsible duties, the fault lies with him ; it is not to be imputed to the class, no more than the selections of the physician-general, which have been made from among the regulars, have not always been made from those who are publicly respected.



But that you may be better enabled to judge of the pretensions of the regulars and irregulars, that is, of the college physician and regimental surgeon aspiring to be army physicians, I shall describe, in a few words, the character of the person that, according to my idea, should be admitted into the medical lists of the army, marking at the same time the rule of progress according to which he should be allowed to attain the higher stations.

No candidate for medical appointment is then to be admitted into the service without the most unequivocal testimonies of good private conduct, without the possession of a liberal and classical education becoming a gentleman, and without exhibiting proofs of the attainment of such a share of medical knowledge as confers upon him a right to assume the exercise of his art in civil life. I do not regard the country where he may have been born, nor the university at which he may have been bred. I merely look to the possession of the requisite knowledge, and I insist on the necessity of proving the possession of it by trial in experience.

Qualifica-  
tion.

With the possession of the qualifications implied, (and which cannot be supposed to be

attained under twenty-one years of age) I hold the candidate to be an eligible pupil of the army medical school. At the medical school he is destined to pass through a course of instruction, comprehending an illustration of the ordinary matters which belong to the management of medical business in armies. When sufficiently acquainted with the economical duties of hospitals, and when proved to be equal to the treatment of the ordinary military diseases, a point to be judged by putting his skill to proof in trial under the inspection of competent and severe judges, the commission of battalion assistant is supposed to be open to him. He cannot be less than twenty-two, perhaps twenty-three years of age before he has completed his proposed course :— He is now prepared for the public service ; and the point of preparation at which he stands will not, I believe, lose in comparison when contrasted with that of the young man from Cambridge, who is appointed army physician before he has obtained his physician's degree, or before he has been known to prescribe for a patient. He is inexperienced, yet he acts as sovereign within the walls of his ward from the hour of his appointment ; if he has not knowledge, and the chance is against him, the sick will not benefit. The other has been tried ; yet he is only an assistant to a

more experienced surgeon; and he scarcely thinks himself qualified to act alone in cases of difficulty. After an experience of five years at home in times of peace, or three years abroad in the scene of active war, the assistant to whom I allude is deemed eligible, in point of service, to the office of battalion surgeon. But, though eligible to attain the rank of surgeon, after the prescribed period of service, he must still submit to formal trial before the appointment be actually conferred.

It is required that substantial proofs be exhibited in the trial in which this question is decided, that the medical officer has actually made progress in professional attainment, that his private character has remained pure and unexceptionable in all points, that his diligence has been habitual, his attention to professional duties uniform, cordial and correct. The examinations here implied are supposed to be public examinations made by the chiefs of the department at home, or by the senior medical officer abroad, assisted, as he may think fit, by those of superior rank to the person examined. The certificate is then granted; and the justice of the appointment, when it does take place, has general concurrence, for the reasons are



known and valid, viz. Seniority of rank in the army or division of the army present, proofs of the attainment of knowledge, and public testimonies of good private conduct. From surgeons of the battalion rank thus appointed, surgeons of regiment or brigade are again selected, after a service of five years, and after the institution of trial to ascertain that the acquisition of knowledge has been progressive, and that the moral conduct has continued uniformly good and respectable. From surgeons of regiment or brigade, physicians for general hospitals, (which are only necessary in the events of actual war,) are proposed to be selected. According to the plan proposed, no imaginary barrier is placed between the military physician and the military surgeon, for none really exists. The duties of medical men in armies comprehend the knowledge of both, more frequently the exercise of the physician's mental talent than the surgeon's manual dexterity. As physicians, or chief medical officers for hospitals are supposed to be taken from the most eminent of the class of regimental or brigade surgeons, so surgeons of hospitals are taken more suitably from the class of battalion surgeons; for, these being younger, may be supposed to be more capable of bearing fatigue,—and the hand may probably be more steady for

operating. They must here again however submit to trial, and produce satisfactory proofs of fitness previously to appointment.—From what I have now said, and I have transcribed it from my publication of 1805, with a view to prevent any unfair inference being drawn from the garbled quotations that Dr. Bancroft has so frequently made from my works, you will see at one view that the medical candidate to whom I allude enters the army as battalion assistant with better tests of qualification as a practitioner, though he may or may not have a diploma, than some of the regular, but young gentlemen who were appointed army physicians in the year 1795. He is well grounded in his outset, his conduct is watched in his progress, and he obtains no promotion without producing additional testimonies of fitness for the office to which he is promoted.

We have seen the grounds on which the Oxford or Cambridge student is admitted to enter the army as physician ; we have defined the conditions which are required of the young man, who presents himself as a pupil of the projected medical school, and we have stated that proofs of fitness must always be exhibited before he obtain his subsequent promotions. You, gentlemen, as unprejudiced, will judge the



case ;—and to your notice I recommend it ; I must, however, observe in the mean time that, as the genuine object of the medical art consists in restoring the sick man to health by safe and effectual means, so the person, who accomplishes this object most safely and most speedily, is the real physician, whether he may have obtained his knowledge at Oxford, Cambridge, Edinburgh, or Aberdeen ; or whether he may have learned it by his own experience and observation, as probably was the case with Hippocrates, and certainly has been the case with many.

I, for my own part, hold the title of M. D. to be empty in itself, even the title of S. C. M. L. does not, in my opinion, indispensably confer medical knowledge : it is no more than a document to prove that the person, so distinguished, has attended certain courses of lecture on science, and that he carries in his memory certain opinions, and remembers by rote some general rules of proceeding for the cure of certain diseases : no proof is demanded in the examination instituted, and none can be there obtained that he actually knows the right application of these means in practice. The qualification here stated, is thus equivocal as far as respects the physician ; yet Dr.



Bancroft, and he appears to speak the sentiments of the president of the College, extolls the attainments of the regular physician so highly, though not proved to be a man of experience, and speaks so contemptuously of the regimental surgeon, though he may have exercised the medical art for years with success, that we must endeavour to determine the relative value of these two classes by something like experimental proof.

It is a question of national importance of such magnitude as to deserve a thorough investigation, whether the Oxford and Cambridge physician, or a person who has obtained the degree of Doctor at Edinburgh or Dublin; at least a person, who has gone through a course of study at these or other universities, and who has served subsequently in the capacity of regimental surgeon, (but who is not permitted to take out a licence at Warwick Lane because he bears a surgeon's commission) are the fittest persons to fill the physician's rank in the army.

An expedient for deciding the contest between regular physicians & regimental surgeons.

We have assertions on one part, and denials on the other; but, as assertions and denials are no arguments, I humbly propose that

the pretensions be tried by experiment, so that the government, obtaining something like demonstrative evidence from the result of the trial, may have a sure basis of fact on which to proceed in forming its new medical arrangement. The regular physician is presumed to be superior in attainments, though he may have given no actual proof of knowledge ; the regimental surgeon it is said, “ can never be *duly qualified* to practice the two intricate arts of physic and surgery,” though he may have given the most positive proof in trial that he has actually executed both functions with success.

If we look into medical history as it relates to our own country, particularly within the last fifty years, medical science, more expressly that part of it which relates to the discrimination and treatment of acute diseases, acknowledges numerous obligations to persons who have served as regimental surgeons. But, that we may not any longer act on presumptive opinion where we have it in our power to ascertain the positive fact, I propose the following expedient by which all the doubts may be dispelled. The proposition which I now make is important to the British army, and the execution of it is not

difficult according to the present disposition of the military in England. It is simply this : Let a division of the army, the largest collected at one place in Great Britain, and one moreover stationed at the least healthy position in the island, be divided into two equal parts. That the condition of the parts be as nearly alike as possible, let the half of the several regiments of which the force is composed be thrown into one division, the other half into the other,—the companies taken from right to left alternately ; and that there be no advantage or disadvantage on either part on the head of discipline and economy, let the troops remain in their barracks or tents in the same manner as they were formerly, only let the sick of one division be committed to the care of regular physicians, that of the other to a person who has served as regimental surgeon. As the troops thus committed to medical experiment are equal in number, so they are supposed to be equal in all things which relate to their health, the hospitals as nearly so as possible ; but though the extent and external form of the hospitals be the same, it is allowed that the persons to whom the medical care is committed, make such arrangements in the interior as may best correspond with their views of successful practice. When these matters have been ar-

Experi-  
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ranged and adjusted as they ought to be, the contending medical officers assume their duty. The advocates of the regular physicians, desirous to assure themselves of success in the contest, may be supposed to claim the privilege of bringing forward their first champion. This person we must conclude to be the physician-general himself; for from the nature of his relations with the army, and moreover, from being president of the College of Physicians in London, he is chief of the regulars, and officially the first medical person in the kingdom.

I do not know to whom the body of regimental surgeons might be disposed to depute the trust of supporting their pretensions on this occasion; but, as I am constitutionally more adventurous than wise, I voluntarily offer myself for the combat; indeed, I claim it as my right. I am, I believe, the oldest inspector of hospitals, possessing a physician's diploma and physician's commission, who has acted as regimental surgeon: I am also, notorious among the irregulars; and, as the physician-general brought charges against me, in my capacity of a physician in the year 1801, which were not proved, I now hope to be fur-

nished with an opportunity of establishing a sentence in the face of the world which was not then generally made known. In the system of medical arrangements for armies, published in 1805, I make the bold assertion that the medical staff is too numerous, consequently that it is not adequately employed; and, persisting still in the opinion, I here offer the physician-general two physicians, viz. Dr. Bancroft and any one he pleases, to assist in the execution of a duty, which I, as an irregular, profess to perform singly, even without a clerk to write my prescriptions.

I am serious in what I say,—and I am ready to undertake the duty as soon as the necessary arrangement shall be made; I pledge myself to continue to execute it for twelve months (as the question cannot be properly decided in less) without fee, reward or allowance, except quarters at the public expence contiguous to the scene of my duty; and I add further that I am willing to forfeit my half-pay, though I have no other subsistence for myself and family, if the result of my labours be less favourable than that of my opponent.

The proposition which I have now made,

will, I doubt not, seem ludicrous to many: it is not so in fact, if other of the acts of man be grave and serious; for, to compare small things with great, when the sovereigns of different kingdoms contend about privileges and pretensions, and cannot after declarations and counter-declarations, convince each other by argument of their right, they resort to the combat, or trial of strength. Now,—if regular physicians, and medical officers in the army, not considered as regular in the eye of the College, cannot agree about their powers and pretensions, the case is similar, and I know no means by which the claim can be established and the case decided, except by trial of skill in experiment. If the irregulars be admitted to trial, and proved to be inferior in the knowledge of curing diseases, they will in future remain in the inferior station without repining, at least without having cause to repine: the regulars will then be left in the undisturbed possession of that pre-eminence, which we now say they have usurped by prescription.

But, though the superior attainments and supereminent knowledge of the army regular physicians have not been publicly demonstrated in



those scenes of trial in which they have been exposed ; yet I believe most perfectly that, if Dr. Bancroft, the physician-general, or any other of the fraternity can furnish you with satisfactory proof that the knowledge of their class so far exceeds that of other men as they pretend, you will candidly acknowledge that there is an error in your report ; and, instead of suggesting that no more regular physicians be appointed for the service of the army, you will recommend most seriously, and press the importance of your recommendation most earnestly upon the attention of government, that a regular physician be in future appointed to every regiment of the line ; for such more expressly as are destined to serve in unhealthy climates ; for, if it should appear that the lives of two or three hundred men could be saved annually in each of these corps by the proper application of the extraordinary skill of the regulars, besides the grace and humanity of the act, there would be a great saving in point of expence, even if the physician had a salary of two thousand a year. This project, to which the physician-general appears to be inclined, would, I presume, satisfy Dr. Bancroft, if his thirst for rank and pay be satiable ; and, as I believe that you have no motive in presenting the suggestions for

improvement in the medical department that you have presented, except your opinion of their public utility, I think I may venture to say, (though I have no knowledge of your private opinions,) that if Dr. Bancroft prove the fact which he assumes, you will support his views and promote his interests with all your energies; for, in so doing, you will render a most essential service to the British army, consequently to the British nation, the safety of which now depends upon its army.

Division of  
the medi-  
cal art in  
parts

At page 9 we have a pompous declamation on the importance of dividing the healing art into physic and surgery, and of maintaining these divisions in all their extent, even in the army. The division of the art into these separate provinces has served most eminently to increase the importance, and multiply the profits of physicians: I cannot discover that it has in fact, or that it could in simple reason be supposed to improve the science; on the contrary, it appears to me to be one great cause which mars its progress. I need not dilate upon the reasons: medical men understand them perfectly, and you may also conceive them. For instance, if a physician prescribe a remedy for a sick person, suppose a person ill

of fever, compound it himself, or see it compounded by another, administer it with his own hand, or see it administered by the servant, the duty will be done in a more conscientious and perfect manner, and the effect will be more certain than if he merely write the prescription. The written prescription is sent to the apothecary, who commits it to his shop boy, who probably compounds it incorrectly ; and, after an interval, often such that the condition of things being changed, it arrives at the patient's house when the favourable occasion is past. In the one case, the physician knows what is done, and he looks for an effect with confidence ; in the other, he does not certainly know what is done, and he is apt to ascribe, in his imagination, effects to remedies that were not in fact administered : his conclusions are thus in danger of being incorrect. The first mode of practice is often followed in regimental, the latter in general hospitals ; for, to administer as well as to prescribe, is a part of the regimental surgeon's duty : the regular physician on the contrary ordinarily considers his duty to be done when he writes his prescription, and commits it to the dispenser or hospital mate, for execution. But, though I allow that the division of the healing art into different branches, and the preservation of rigid boundaries be-



tween the parts, raises the importance of the physician's office in the eye of the public ; it is a division that is only acted upon in rich countries, among rich people, and in great and opulent cities. It scarcely has a place among the diffused population of rich and luxurious England itself ; and it seems to be little known in the United States of America, or in the islands of the West Indies ; yet, with all this confusion of parts, the Americans cultivate medical science with zeal, and they have even perhaps made some improvements in the art of healing beyond some of their more refined contemporaries.

The Doctor seems to be feelingly alive to the apprehension that the different parts of the healing art, which have been separated with such industry, and with so much advantage to its professors, should be again confounded ; and he exults that the French revolutionists, in the midst of their fury, respected the constitution of the military medical code, leaving the distinctions of physician, surgeon and apothecary untouched. I am rather surprized that, in his rage against innovation he suffers Joseph the Second, to pass without an anathema ; for that imperious sovereign sacriligiously expunged the name of physician from the list of his army. He did

not however intend to expunge, nor does experience prove that he banished medical science from his military hospitals. On the contrary, he instituted schools for the education of his medical servants ; but, in doing this, he confounded the parts, not conceiving, as Dr. Bancroft says, and as the physician-general of the British Army seems to think, that a regimental surgeon can never be *duly qualified* to practice the two intricate arts of physic and surgery. The emperor Joseph was not initiated into the mysteries of Warwick Lane. He had no idea of advantage arising from the division of medical and surgical labour ; and he did not believe, what indeed I cannot believe myself, that because a man may possess the skill to cut off a limb, he is thereby rendered incapable of curing a fever. Hence, the Emperor, in the spirit of innovation perhaps, but apparently with the impulse of genius and good sense, endeavouring to escape assuming the right of thinking for himself, committed the health concerns of his army to the direction of a person of military experience, on whom he bestowed the title of first surgeon ; the detail of execution was allotted to surgeons of different rank and degree, according to the extent and importance of their different duties. Thus it is that the medical



system of the Austrian armies acknowledges no person of the rank of physician ; yet the Austrian military hospitals are allowed by all persons who have seen them, and compared them with others, to be the best conducted military hospitals in Europe.

The success of the practical effect will here, as in other cases, depend on the skill of the individual who acts, with the soundness of principle which directs the act ; but the knowledge of the fact that such arrangement exists, and that it was approved, after trial, by a people, who calculated the value of things and estimated causes and effects with more accuracy perhaps than any other people in Europe, furnishes no weak argument in proof of the position which I maintain, and which you seem to admit, that the acquisition of the surgical skill which a military surgeon requires will not interrupt his progress, or rob him of the power of acquiring knowledge to cure internal diseases in a speedy and effectual manner : I even add that the collateral light, arising from the observation of surgical diseases, will, on some occasions serve to enlarge his medical views, or perhaps to correct them. The authority of the Austrian medical system may then, I think, without presumption, be put in balance against



the opinion of Dr. Bancroft and Sir Lucas Pepys ; and, as we appear to have borrowed many things from the Austrians in our military economy, I hold the discipline of the hospitals to be one of those which is especially worthy of imitation.

The next point on which Dr. Bancroft pretends that I have misled you regards the rule observed in bestowing medical rank. I do not pretend to trace this beyond the American revolutionary war ; for beyond that period my personal observation does not extend,—and I have no opportunity of consulting books.

Qualifica-  
tion re-  
quired by  
Mr. Hun-  
ter.

Some of the physicians of the medical staff in the American war were appointed from civil life, two of them regular, viz. Dr. Morris and Blagden ; others likewise civil, but not of Oxford or Cambridge, viz. Dr. Nooth : some were appointed from among the medical officers of the army, viz. staff surgeons, apothecaries, or regimental surgeons ; some of them with diploma, others without it ; for the Commander in Chief abroad was then possessed of the power of making a regimental surgeon an army physician by general order, in a similar manner as a regimental surgeon may be thrust into the

College in Warwick Lane by mandamus. There in fact existed no law of exclusion in the American war. A medical man was appointed physician for the army from civil or military life, though oftener from the latter than the former, according as he was supposed to possess superior knowledge, or as he found favour with those in power. Dr. Veale, Dr. Hayes, Dr. Roberts, and Dr. Clark, had either been regimental or staff surgeons, and Dr. Clark was, to the best of my knowledge, the only one among them who possessed a physician's degree.

But this is foreign to the purpose, for I mean to refer only to the period when Mr. Hunter succeeded to the office of surgeon-general. A regulation was then formed, and it was, I presume, sanctioned by the highest authority, that no person should be placed in the station of army physician who had not previously borne a medical commission, that is, been staff surgeon, regimental surgeon, or apothecary to the forces. Dr. Bancroft seems to doubt the existence of this regulation; and he argues vaguely to disprove it by alledging that Dr. West was the only physician of Mr. Hunter's nomination. Dr. Robert Smith, regimental and afterwards staff surgeon, and Dr. Brown, regimental mate and afterwards staff apothecary, also Dr.



Lindsay, regimental surgeon, were appointed during Mr. Hunter's continuance in office. There are thus more proofs of the existence of the rule than Dr. Bancroft acknowledges ; but my own case proves the fact of the regulation incontrovertibly.

In September 1793, when an expedition was preparing for the West-Indies, I offered myself a physician for that service. The answer returned by Mr. Hunter was to the following effect, that he would willingly have accepted my offer could he have done it consistently with rule ; but as I had never borne a medical commission, that is, never been staff surgeon, regimental surgeon, or apothecary, he was precluded from complying with my request. As it appeared, from the terms in which the letter was couched, that I was disqualified only by not having previously borne a medical commission, I returned in answer that rather than be disappointed in my view, which was a further investigation of the fevers of hot climates, I was willing to accept the surgeoncy of a regiment serving in the West-Indies, or destined for that country, on the implied condition that I should obtain the physician's rank on the first proper occasion. The third regiment



of foot, or Buff was offered, and I accepted it. —Mr. Hunter died in a few days after the appointment took place.

The rule is here clearly defined ; and, as the proposition was made through Mr. Lewis of the War-Office, and the answer returned through him, he, I doubt not, may still recollect so much of the circumstances as to verify what I say, if Dr. Bancroft or any other person should be disposed to question my veracity.

Qualifica-  
tion re-  
quired by  
the Medi-  
cal Board.  
1794.

I have now shewn to you that Mr. Hunter's rule was express and positive to the exclusion of all persons who had not borne a medical commission : I must next shew you, and prove to you that the rule of the Army Medical Board was expressly and directly the reverse of Mr. Hunter's. The Buff, the regiment in which I served as surgeon, instead of going to the West-Indies as I expected, was put under the command of Lord Moira. It appeared off the French coast, anchored in the road of Guernsey, and finally returned to England. As England was not the scene in which I wished to serve, I waited on the physician-general in the month of March, stating to him the cause that had induced me to enter the

service, and, mentioning the expectation, or rather condition under which I entered it, requested to know if I might look for the physician's rank. He told me frankly that it was impossible as I was the surgeon of a regiment. On this, I observed to him that I had never acted in any other capacity in England but that of a physician, that he might know I was a physician by a book which I had written on the fevers of Jamaica, and, as I believed I had attained some knowledge of the diseases of the West-Indies, I was desirous to employ the knowledge so attained for the benefit of the Army. He seemed to be moved into indignation at what I said, and told me abruptly that, if I had the knowledge of Sydenham or Ratcliffe, I was the surgeon of a regiment, and the surgeon of a regiment could never be a physician in His Majesty's army.

The exclusion of the regimental surgeon from the rank of army physician is here positive and peremptory : a regimental or staff commission was a condition indispensable to eligibility in the time of Mr. Hunter : it was here a disqualification. No two things can be more directly opposite ; the latter is a complete subversion of the former ; you might therefore,



justly enough, I think, be allowed to term the regulation of the Board an innovation.

When I took my leave of Sir Lucas, I waited immediately upon Lord Amhurst, who was then Commander in Chief, with the intention of resigning the surgeoncy of the Buff; but his Lordship informing me that the Buff was ordered to Jersey, which was expected to be attacked by the enemy, I suspended my design and joined the corps at Lymington. From Jersey I went to the Continent with the regiment; and, in March 1795, I was thrust in among the physicians of the army, by order of His Royal Highness Field Marshal, Duke of York, on condition that I submitted to examination by the College of Physicians when the circumstances of the service permitted me to return to England.

This might be deemed an infringement of the privilege; it is contrary to Sir Lucas's express declaration to myself. I possessed a physician's diploma, had exercised the physician's art in civil life, and had moreover been intrusted with the care of soldiers as a regimental surgeon for some time; but the general hospital was sacred ground on which I could



not be permitted to tread. I was notwithstanding thrust into it by authority, ordered to act as physician, even placed in the direction of the medical department on the Continent, though I was not yet qualified according to the regulation. There was here a transgression of the Statute of Henry the Eighth, according to Sir Lucas's interpretation. Can Sir Lucas himself pretend that he observed the statute in his nomination to physician's rank in the year 1795? It stands on record that young men who had been enrolled at Cambridge, but who had not yet attained the degrees; who kept their terms perhaps, but who had given no proof of knowledge by any trial instituted, were appointed army physicians, placed upon duty, sent to stations of the highest importance, and allowed to qualify or to take their degrees and their licences when they became of age: you may consider the case, it is not a trivial one in the concerns of the army.

The question which relates to the comparative advantages and disadvantages of regimental and general hospitals for the care of the health of the military sick is a very important one. It calls for a very thorough investigation, and you have passed it over very superficially, having,

if we may believe Dr. Bancroft, prejudged the case, by examining those persons only who were likely to confirm you in your preconceived opinions. You are here represented as predetermined judges, packing your jury, that you may obtain your own verdict. I cannot go deep into the subject; but I shall endeavour, in as few words as possible, to state the fact as it appears in the medical history of the service, of which I have knowledge myself; suggesting, at the same time, the probable causes which influence the effects observed and which are often different in themselves.

Comparison of general and regimental hospitals.

Military hospitals are of two kinds, or denominations, viz. general and regimental. A regiment is the first entire and independent part of an army; and it is so organized as to exist with its own means. The regimental hospital is the place appointed for the reception of those materials of the primary part which become ineffective through disease; and officers, professing medical skill, denominated regimental surgeons, are appointed to repair the first injury which happens to the health of the regiment. This, they are supposed to attempt without loss of time, and they are understood to accomplish it by the safest and most effectual means. The regimental surgeon is an integral part in the constitution of



a regiment; and, while he cures the disease, he keeps in view the preservation of that organization, discipline and economy which gives the military body its preeminence over an ordinary mass of people. The general hospital is a place appointed for the reception of the sick, or ineffective parts of an army; and, as these are thrown into this receptacle in the mass, the organization, which belongs to the military body as its distinctive character, is lost in the first instance; and, under physicians acquainted only with the loose organization and fluctuating habits of society in civil life, it may probably never be again restored. A general hospital, I do not say necessarily, but I may say not unfrequently, exhibits a mass of disorganised ineffectives, who, when they are restored to bodily health and sent back to their regiments, are found by their officers to have lost much of what belongs to soldiers. Military officers of experience and observation know this to be true; and I think I am thus warranted to conclude that general hospitals, in consequence of the mixture of the sick of different corps and descriptions, which is in fact military disorganization, have an unfortunate effect on the military body; not only in what regards bodily health, for the means are not applied so directly to the ends; but more



especially in what regards the military spirit of the soldier, who is thus withdrawn from under the eye that watches and supports his military course. Hence I recommend, and you seem to be of my opinion, that regimental hospitals, as primary establishments for the military body, deserve the first attention; that general hospitals, as secondary and only necessary in actual war, are only of secondary importance.

This I conceive to be your opinion.—I do not say that regimental hospitals are alone sufficient, and that general hospitals should be entirely abolished; I only say that the latter are not necessary or useful in times of peace, or in garrisons and stationary quarters, even in the enemies territory. No experiment, I admit, has been made with the direct view of determining the relative advantages and disadvantages; many facts have however arisen in the course of military service which give countenance to the vulgar opinion, that the result, or recovery of health in armies is more fortunate in the regimental infirmary than in the general hospital. If the fact be true, there are reasons which may be thought sufficient to account for it, without ascribing want of skill to the hospital physician, or extra-

ordinary skill to the regimental surgeon. It is known to all medical men of experience that diseases, fevers for instance, are more easily cured in the beginnings than in the advanced stages : in fact they are, or may be often cut off abruptly at their onset, at least they may then be turned into a safe channel with much certainty ; on the contrary, if they have attained a certain point in their progress they obstinately pursue their own course. The regimental hospital is destined for the early reception of sick ; and here, notwithstanding the smaller skill of the surgeon, the effect is more fortunate than in general hospitals, where the disease is so advanced, as not to be easily arrested, or where it is so complicated in its nature, by a combination of artificial causes, as to mock the skill of the more learned and regular physician. If we strip the question of its sophistry and view it as it is, the conclusion, I think, cannot be refused that the regimental hospital is the place from which we may confidently expect the most fortunate result if all things be equal ; for the means are applied while the disease is in the beginning of its course, consequently when it may be subverted easily, and, for the most part safely. The fact is true, and the common sense of common men is equal to the comprehension of it.



But besides this, which is of primary importance, there is another of considerable consequence in influencing the result, which most physicians understand, and even common men may estimate, viz. that, where there is a collection of a mass of men, particularly of diseased men confined to bed as happens in general hospitals, (for general hospitals are understood to comprehend large collections of sick,) the air loses its salubrity, though it may not acquire any of those foreign qualities which are styled infectious. Pure air is essential to the support of health; hence we understand the fact, how recovery is slow and imperfect within the walls of general hospitals: and hence, as general hospitals, which are large collections of sick, cannot well be supposed to possess a pure air, we conclude by fair inference that they ought only to be held as secondary, that is, as a resort of necessity for the accommodation of complicated diseases of long continuance; such for instance as require rest, quiet and regimen not easily attainable in the scene of actual war.

With these two points in view, and which persons of common sense may comprehend, it is evident that the effect cannot well fail to be more fortunate in regimental than in general



hospitals if skill be equal ; and it is no proposition from you, or from me that the skill of the regimental surgeon be inferior to that of the regular physician : pains are even taken in the system which I lay down, though not yet acted upon, to ascertain that he be actually skilful ; the physician, as we have seen, may be nominated and appointed to act without verbal examination, and without submitting to trial in experience.

Having stated these two leading points, I shall now mention in a cursory manner what I know by personal observation, or what I have learned by report from others of good authority respecting the point in question, viz. the difference in effect between the returns of general and regimental hospitals. As a considerable portion of my days have been spent with military men, and, as the health of armies generally claimed some share of my attention, I sought for information from those with whom I associated, and I usually found that men of military experience who served in the German wars, considered the general hospital as destructive of life in a much higher proportion than the regimental infirmary, that is, as distinctly as I could collect, where regiments depended on their own resources for the care of the sick, the morta-

lity of the troops was comparatively small ; where the chief dependence for the cure of diseases was placed on general hospitals, the mortality was proportionably great.

Here I trust to the authority of others ; my information is more direct, though not sufficiently precise, in the American war. The cure of disease, more particularly fever, was there more speedy, and not less fortunate in regimental infirmaries than in such general hospitals as fell under my observation ; but here, being almost constantly in the field with the advance of the army, I had not the opportunity of estimating the difference so correctly as I have done since the year 1793.

I acted as surgeon with the Buff for about eighteen months in the beginning of the late war : the corps was sickly for at least twelve of these eighteen ; and, during this period, it lost upon the whole six persons, viz. one from consumption, one from dysentery, one from inflammation of the lungs, one from a cause I could not discover, as I had not an opportunity of opening the body, and two from fever. During this sickly period, two hundred and fifty persons were dismissed from the hospital list as cured of fever : the fever was of the infectious charac-

ter, such as then prevailed in almost every corps of the army. About thirty of the febrile patients of the Buff were sent to the general hospital at Southampton in January and February 1794, for there was no place of accommodation for them at their quarters. I do not know exactly the number that died; I know however that they were not fewer than eight. About one hundred and fifty more were sent to general hospitals while the regiment remained on the Continent. It was here impossible for the pay-master to get a return of the deaths that was in any degree authentic at the time we were on this service; but I know for certainty that one hundred did not return cured while the regiment was in Holland. The bad cases were not here selected for the general hospitals, as is customary on some occasions, the order went to direct that every person who was incapable of marching in the line should be sent off in the event of moving. In hospitals so oppressed by multitude as was the case in this instance, infections were engendered, and their virulence was augmented to the highest possible degree by accumulation, &c. the effects of which were not counteracted by interior economy. The disease thus produced was malignant, and so concentrated in force that the superior skill



of the regular physician was not sufficient to produce a return so favourable, as the feeble means of the uneducated surgeon at the regimental infirmary.

I cannot speak so distinctly concerning the medical history of other regiments as the Buff. I know that there were several corps which lost many men, even in the regimental infirmary; but I am confident there were few, if any, that lost men in the same proportion as in the general hospital; for, though the sick were disposed in barns and ill otherwise accommodated, the aid of the surgeon, such as it was, was always at hand, and it was applied generally at the favourable moment for acting; besides, as the mass of sick was here less numerous, the air was less corrupted by the effects of accumulation, though I do not pretend to say that it was altogether pure.

When the troops landed in St. Domingo in the year 1796, the sick were thrown into general hospitals, and the mortality was prodigious. The hospitals were here as clean as hospitals could well be made, and comforts were procured for the sick in abundance; but emanations from a mass of men brought together into small space, though the disease was not

infectious, seemed to deprive the air of its salubrious quality. This I conclude to have been the case, from the difference of effect observed, where the sick were spread about in smaller parties, though they remained under the same or similar treatment.

Convinced, in my own mind, from this and other observations of the advantages of treating sick in regimental rather than in general hospitals, I broke up the establishment of general hospital in the district where I resided, viz. Port au Prince, as soon as I became the senior officer of the medical department on this station. I then placed the sick in the hands of the regimental surgeon, taking care that the hospitals were well equipped and that all the comforts which sick men require were amply provided and duly supplied. The effect was decidedly more fortunate, as may be proved by the hospital returns transmitted to the proper offices in England, and which, I suppose, are still preserved. —I ascribed the difference of effect to the arrangement, not to the greater ability of the medical officer. I shall mention an example which may be considered as satisfactory proof.

The 2nd battalion of the Irish brigade arrived at Port au Prince in a sickly state, and it



experienced a subsequent sickness as new troops generally do when landed in tropical climates. This corps had no advantage in point of discipline ; and it had no regular surgeon present. In those circumstances I attached to it, as acting surgeon, hospital mate Mackay, who is now surgeon in the 87th regiment. He was then a young man, but he possessed a discerning judgment, with diligence, attention and humanity—always on the watch ; and having some how or other discovered a principle, though he never was at Cambridge, he seized the first opportunity of arresting the disease, or of turning it into a safe course with so good effect that, though the sickness was great, the mortality was comparatively small, and though few of the officers escaped sickness, yet not one, as far as I know, died.

A detachment of Dutch Artillery, of about one hundred Europeans, arrived at Port au Prince in August 1797 : they were put under similar discipline, and the result was equally fortunate. The facts which I now state fell under my own observation : I know them to be correct, and I can further add with truth that, wherever the regimental arrangement was adopted, the effect was fortunate as compared with the other, though the medical officer ar-



rogated to himself no particular attainment of skill.

Besides what fell under my own observation in St. Domingo, the history of health among the troops, which took possession of the Cape of Good Hope in the year 1795, will also, I believe, serve to illustrate your position. In the beginning, (I believe during the command of General Craig,) the general hospital was the depot of all the sick :—the mortality is known to have been great. The general hospitals were broken up at a subsequent period, (under the command of General F. Dundas) and the mortality, I have been informed, almost entirely ceased. This may be authenticated by comparing the sick returns of hospitals during the different periods that the care of the health of the troops was under these different systems of management. The result, if I have not been misinformed, was decidedly in favour of the regimental experiment. But though this be true—and in point, the best of all illustrations of the practicability and advantage of committing the care of the health of troops to regimental surgeons, in regimental hospitals, is found in the system that was pursued at the Cape during the present war : The sickness was considera-

ble at times in consequence of various contingencies; yet no permanent general hospitals were established on that account. The sick returns may be consulted, as it is presumed they are still preserved at the office in Berkeley Street: they will, I presume, shew the effect to have been a fortunate one.

I do not at present know the state of health among the troops in the West-Indies, but Lord Castlereagh, minister for the war department, asserted about twelve months ago, in the House of Commons, (if newspapers repeated truly,) that the mortality in the West-Indies was of late diminished by one third. I do not pledge myself for the accuracy of his Lordship's statement; but if what he says be true, even if it be not the reverse of truth, there exists a strong argument,—and it will be deemed of authority—that the army has sustained no injury by the absence of regular physicians, and the want of general hospitals in that unhealthy climate.

I have thus given a short sketch of history from my own observation, or from the report of persons who deserve credit relative to the comparative advantages of regimental hospitals.

Though the advantage on the side of the regimental hospital, as judged by effect, is strongly marked, I am disposed to ascribe this difference, which is often striking, to causes which belong to the constitution and economical management of general hospitals which usually obtains in those depots, rather than to the unskilfulness of the medical officers who are intrusted with the care of the sick. In the one, as I observed before, the means are applied in the early and manageable period of disease; in the other, rarely till the disease is advanced in its course, probably till it has arrived at a period in its progress when it cannot be repressed with safety: To this I may add that there is ordinarily greater purity of air in the smaller than in the larger hospitals, for, the mass of diseased subjects being less numerous, their emanations are more speedily and more easily dissipated.

Dr. Bancroft, in advocating the cause of general hospitals, asserts the high claim of regular physicians, as if every thing should yield to their superior knowledge. He undervalues the regimental surgeon, and seems to exult that unusual sickness and considerable mortality, as exhibited in the monthly sick return for the month of March, have furnished him with an



opportunity of proving the fallacy of the regimental system, to which the health of the army in Britain is now committed.

Dr. Bancroft's remark on the mortality in the month of March.

It belongs to the inspector general of army hospitals to explain the cause of what Dr. Bancroft alleges to be true, and I doubt not that he will do it to the satisfaction of those who may be entitled to call for explanation on the subject; I only notice it here as a charge brought against the constitution of the regimental hospital, and, I cannot help saying, brought against it unfairly, apparently dictated by the same spirit that preferred charges against myself in the year 1801. A charge or insinuation of this nature is serious in itself; and, if wantonly made, it calls for reprehension, even for punishment; for it diminishes the confidence of the military in the ability of their officers; and, as such, it is injurious to the prosperity of the country. If Dr. Bancroft had considered the subject dispassionately—not viewed it as a disappointed physician, he would not, I believe, have thrown out this inconsiderate insinuation; or, if he had been capable of considering the question like a man of science, he would not have overlooked the causes which gave rise to unusual sickness at the time stated. If there was unusual sickness in a body of men so numerous as the

troops in Britain now are, upwards of 100,000, the death of four, or even five hundred men in one month, though high, might not be unprecedented. As you may not be aware of the fact, I shall inform you, though it does not properly belong to my subject, that, among the causes which occasioned sickness, there was a transfer from the militia to the regulars : this change of circumstances presented a new scene ; and change of scene and circumstances often occasions sickness in armies. But, besides volunteering from the militia into the regulars, there was a draft of countrymen to the militia by ballot. Here another cause of sickness was put in action ; for there was here a change of circumstances in mode of life, such as is known to affect human health. The causes stated might occasion sickness ; and adding to these the occurrence of epidemic measles, scarlet fever, and inflammation of the lungs, which prevailed in some corps to considerable extent, we had a right to look for considerable mortality even in the hands of regular physicians ; and, in fact, the returns of the general hospital at the Isle of Wight, during the same period, which may be, and which ought to be consulted on this occasion, are said to be still less favorable than the aggregate returns of regimental hospitals through Great

Britain. But, before Dr. Bancroft, or the physician general, whose orator Dr. Bancroft appears to be, can pretend to judge the question like men of science, it behoves them to obtain detailed returns of regimental and general hospitals, even of the hospitals instituted for the reception of the poor sick in London and elsewhere; and, when they have done this, it is necessary that they compare the whole, and estimate the mortality in each class of disease, in each of these establishments. If, after such examination, they find the effect in regimental hospitals to be uniformly less fortunate than in military general hospitals, or in the various hospitals about the metropolis, it might then be warrantable to say what has been said. As it is, Dr. Bancroft appears to be instigated by an unworthy motive; and, as he has committed himself to speak without knowledge of circumstances, he has erred in regard to the fact; and, as far as his authority, or the authority of his principal extends, propagated a calumny against the surgeons of the army, and the system of medical discipline that is now instituted for the care of the health of the military.

I have now stated facts, and given my opinion respecting the advantages and disadvantages of the different establishments into which



the sick of armies are usually received. I abstain from making invidious remarks on the character of the medical officers allotted to the duties of these establishments. I have usually spoken respectfully of regular physicians; but I have remarked, what no man could avoid remarking, that some of them were so young when appointed to their stations, that they could not, in the nature of things, be supposed to have given proofs by experience, that they actually possessed knowledge. I shall therefore leave this discussion to others, and proceed to notice in a cursory manner, the real state of the fact, respecting some points you endeavoured to ascertain by the testimonies of Dr. Borland and Dr. M'Gregor; for, it appears to Dr. Bancroft that the base of the testimonies of these gentlemen is founded on the opinions contained in one or other of my publications.

First, at page 30.—“That during the campaigns of 1794 and 1795 on the continent, the mortality was very great in the general hospitals, while it was comparatively small in the regimental.” I have stated the sum of my own observation on this head already. I now venture to say that the truth of it is known to

Relative  
mortality  
on the con-  
tinent in  
1794 & 95.

every military officer of discernment, who served in the campaigns here alluded to ; and, I add, in illustration of what I maintain, that bad cases of disease *only* were not selected for general hospitals in this service, as is usually the case on other occasions, but that the regiments were ordered to disembarass themselves of all their ineffectives, previously to a march. These were thrown into general hospitals in the mass, and, in defect of organization which is as necessary for good effect in general hospitals as in the healthy army, the confusion was great. I do not attempt to describe the misery, and I only mention its existence that, taught by experience, we may learn to avoid the causes which occasioned it. I do not pretend to know the precise proportion of deaths ; but I know it was enormously great, far exceeding the proportion of mortality while the sick remained in the regimental hospitals under the care of the respective surgeons. The cause of this may be understood from what I have said above without charging the physicians of general hospitals with ignorance, or neglect of duty.—I do not dwell on this ; it is however known that the disorder and disorganization, which prevailed in general hospitals, appeared to make so strong an impression on the mind of the Commander in Chief, that a military commandant was appointed for the purpose of



enforcing the duties, and preserving that discipline which peculiarly belongs to, and which is always best performed by an intelligent and zealous medical chief.

Effect of  
general  
hospitals  
on the ac-  
tivity of  
regimental  
surgeons.

Secondly.—“ That in consequence of the sick being taken from the regimental and sent into the general hospitals, where they were placed under care of physicians selected from civil life, the regimental surgeons not being permitted to take care of their own sick, became less active in the service, and disgusted.” I must here observe, that there are no circumstances which will render a good man inactive or indifferent to the discharge of a duty so nearly connected with his heart as the care of the sick soldier; but I must also observe that, as a regimental surgeon often forms an attachment to the soldiers of the corps in which he serves, he feels regret when such of them as may be sick are removed from under his protection, unless he has proof in his own mind that they are to be better treated, and sooner restored to health by others than by himself. I admit that the allowances of wine were higher in the general hospitals on the continent than they were in regimental hospitals; but I could not perceive that the sick were otherwise better treated. The sick, as is known, were removed



at stated times, or in the event of changing position from the regimental to general hospitals, particularly during the first part of the retreat; or till such time as all the places which could be obtained for general hospitals were filled. In consequence of the measure thus adopted, the regimental surgeon feeling himself to be a person of less professional importance than he had conceived himself to be, was less pleased, and less satisfied with himself than he ought to be; for his duty was chiefly to muster and collect the sick; few of them were permitted to remain under his care till their cure was completed, as the army for some time, at least, frequently changed its ground.

Thirdly.—“ The question relative to the superiority of regimental over general hospitals in respect of the treatment of the sick.” This consists principally in the speedier cure in the one establishment than in the other. I stated in my publication 1805, at page 59, “ that the average time required for the cure of acute diseases in regimental hospitals, where the surgeon is properly instructed in his art, cannot be supposed to exceed a fortnight; scarcely a man returns *cured* (I ought to have said) from general hospitals in less than six weeks; few in less than three months.” The last part

Difference  
of effect in  
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of the sentence is known to be a fact by military officers ; I leave the first to be determined by the pay-lists sent to the War-Office from the hospital at the army depot, between the 1st of March 1801 and 1st of January 1802. The depot hospital, though not a regimental hospital, yet approached nearer to it in its economy and discipline than the general hospitals to which I and Dr. Bancroft allude. If Dr. Bancroft chooses to examine the documents to which I refer, and I do not suppose they will be withheld from his examination, he will find that, during that period, the average time required for the cure of acute diseases, that is, fever, dysentery, inflammation of the lungs, &c. does not even amount to fourteen days: That this is the case may I think be inferred from considering the relative circumstances of a statement which is already before the public ; viz. the average time required for the cure of all diseases—acute and chronic at the depot hospital during the time specified. This, by the returns published in 1803 was twenty days at Chatham, and twenty-three at the Isle of Wight. The effect, I believe is such, as Dr. Bancroft could not promise as a regular physician in a general hospital. A zealous and intelligent regimental surgeon may promise

it with much confidence ; for he has the opportunity of acting on diseases when they may be speedily and safely arrested, and there exists no motive in his mind, on account of connection with the other branches of the trade, which induces him to temporise, or proceed slowly in his course : it is in fact his interest to cut the disease short as soon as he can. If the average time for the cure of diseases of all descriptions requiring hospital treatment was only twenty, or even twenty-three days at the depot hospital, we may fairly conclude that the cure of fevers or other acute diseases, did not at the average exceed a fortnight. My position I consider as established ; Dr. Bancroft has given an opinion without knowledge of the fact.

There is another part in this paragraph respecting the treatment of the Russian sick in Jersey and Guernsey, which I cannot pass without a remark : The superintendence of the health of the Russian troops was my duty ; I think therefore that I may be allowed to know more of the state of the case than Dr. Bancroft, or even Dr. Benckhausen himself ; for the Russian physician did not come to the islands till the sickness had ceased, and, when he

Russian  
sick in Jer-  
sey and  
Guernsey.



came, he took no charge, and did no duty in the hospitals. Hence, his information is not intitled to credit, as he had no just opportunity of knowing the truth, had his character been otherwise respectable. Dr. Borland was attached to the Russian auxiliary troops, as an assistant inspector of hospitals; and, as such, he must be supposed to have known the state of their health, for he was present with them in the island of Jersey. He testified upon oath that they were sickly, and that the sickness was contagious fever. When a person speaks upon oath he does not speak inadvertently, and being on the spot, he does not speak without knowledge of the fact. When any one, whoever he may be, endeavours to invalidate such testimony and solemn asseveration with no better authority than vague report or fanciful presumption, I cannot resist saying that the sentiment of honour does not reside in him; and, in the present instance, you may perhaps be disposed to think with me, that Dr. Bancroft, instead of bringing discredit on Dr. Borland, proclaims his own want of principle, in attaching to an oath no greater value than it bears with the transatlantics in a custom house. But that you may see how the matter actually stood, I shall mention the history

of the Russian sick; and it is shortly this. Those who were wounded, and those sick who were already collected into hospitals were embarked at the Helder and sent to Yarmouth. Those who were yet in tents or quarters, (and they were not few in number,) were thrown into the transports together with their comrades: the transports were crowded; the winds were adverse, and the ships were dispersed: the weather was rainy, the clothes of the soldier were necessarily damp and wet.—Some of these vessels were driven to Leith roads, others to Newcastle, some to Hull, and some brought up at Spithead. It is publicly known that there was much sickness on board the ships which arrived at the places now mentioned, and it is also known that there was considerable mortality. The principal form of sickness was the infectious fever; and, while this is authenticated by testimonies that cannot be doubted, the Doctor has no right to suppose that sickness was trifling among those who found their way to Jersey and Guernsey. The voyage was longer, and in fact, the great body of Russians did not reach their destination till some time in January: that they actually were sickly on their first arrival at their cantonments in Jersey and Guernsey is known by

the hospital returns ; a surer evidence than that of Dr. Bancroft's assertions.

Fourthly.—“That many soldiers who had been sent into general hospital with slight ailments, caught fevers there and perished.” This, every person at all acquainted with the history of armies, knows to be true. Infectious diseases I am ready to confess appear occasionally in regimental as well as in general hospitals ; but they are there ordinarily less aggravated, because the subjects are fewer in number, and the access to a pure atmosphere is more at command. In the military general hospitals of our own nation, the diseased subjects are oftener thrown together promiscuously than separated with care and discrimination according to the character and conditions of the disease. Small pox and measles, I believe, are kept apart ; the other febrile diseases, as far as I have seen, for the most part appear in the mass. This I allow does not attach to a general hospital in its own nature : it is an error in management ; but it is not easily avoided by persons who are little acquainted with principles of organization ; and such are regular physicians taken from civil



life, for there is no example in the ordinary hospitals in England from which they could be supposed to learn a contrary practice :—the regimental hospitals on the contrary still retain something of military order and discipline.

Malingering.

Fifthly.—“ That soldiers tarried very long in general hospitals, and feigning sickness frequently imposed upon the medical officer of no previous regimental experience.” The fact is true ; and it is known to most military officers of experience and observation that the restoration of the soldier’s health is slow in general hospitals, comparatively with what it is in regimental infirmaries ; and it is also notorious that instances of persons who feign sickness for the sake of full diet with large allowance of wine and liquor—so common of late in general hospitals, do not occur rarely. Malin-gering thus arises in general hospitals : it cannot well arise, or be carried to any extent in regimental hospitals, for regimentally every eye watches the malingerer : in general hospitals, the malingerer occupies his place and escapes among the multitude, his cunning being often an over-match for the *regular* physician’s penetration.

Dr. Bancroft, from a total ignorance of what belongs to a military life and military manner, or from a desire to misrepresent the fact for the sake of his purpose, assumes as a position that because the sick soldiers are sent to general hospitals by regimental surgeons, and because malingerers are found in general hospitals they must have previously imposed on their surgeons. The fact is, they are sick in the first instance, they are restored to health, and they become malingerers, as enticed by indulgences: they persist in the habit for a length of time, through the indiscipline of general hospitals. —I leave it to military men to judge the case.

Sixthly.—“ That general hospitals have been attended with great waste and profusion of expence.” This is a question of considerable importance to the nation, and it ought to be investigated thoroughly, so that a basis may be fixed, on which the economical arrangements of our future system may be founded. The foundations in this case ought to be demonstrative not presumptive; and, as there are yet some points connected with your investigation of this part of the subject, which appear to me to be unascertained, I take the liberty of drawing your

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ture.



attention to such things as seem wanting to give your suggestions full authenticity.—In the first place then, with regard to the proportion of a medical staff for a given military force. This question is important; and I conceive that the estimate of the medical board far exceeds the needful. You yourselves seem to think it high; but, that you may ascertain the fact by the best possible evidence, it is proper that you call for returns of the military force and medical staff, general and regimental, during the war 1756 and American revolutionary war, likewise during the late and present wars: you will then see, by a clear document, what was, and is the rule followed in our own service on this head. You may also think it proper to know what is the proportion of the medical staff among foreign armies.

A return of the medical staff for a given military force among the principal warlike powers in Europe, viz. French, Austrians, Prussians and Russians, would serve much to illustrate your position; and I should suppose that, as you have authority to call for information from all quarters, you will not have much difficulty in obtaining it. I do not possess this information in so authentic a form that I could



venture to put it before you as a document. I may however observe that, as the Russian's military was formed according to the best German system, and, as a division of Russian troops joined our forces in Holland 1799, and, as this division appeared to be select, we must suppose it to have been complete in all its parts according to the ordinary rule followed by that power in its military arrangements. From this you may attain an outline which may serve to direct your course. The Russian force consisted of about 17,000, attached to which, exclusively of the regimental medical staff, there was one staff physician, one staff surgeon, and one staff apothecary. The proportion here stated, we must believe, as we have no evidence of the contrary, to be such as is ordinarily followed in the Russian army ; for, though the Russian general left the most of the hospital equipments behind at Revel, by the desire, as the Russians themselves said, of Sir Home Popham, who told them all these things would be provided for them by the English, he left no part of his hospital staff.

If the medical staff was here entire, as it appears to have been, let comparison be made with the medical staff appointed for Sir Ralph

Abercrombie's expedition in 1795, for a force of 20,000, viz. one Inspector-general, one Assistant Inspector-general, eleven Physicians, eighteen Staff Surgeons, and six Apothecaries. If the Russian medical provisions were sufficient, our's must be considered as enormous. The Russians met with events in Holland which they did not expect: their system was deranged, and they did not well know which way to turn themselves. As they were not principals in the scene, they could not be supposed to think well and act with energy for themselves. They were in fact in difficulty, and in want of hospital equipments: they obtained relief from our stores, and even surgical aid from our medical staff. They had not however, I presume, calculated upon such supply or such assistance when they left Russia, more than they calculated on the assistance of British officers to command their battalions. The detachment was considered as complete and independent with its own means: the hospital furniture only, not the medical staff was left behind at Revel.

From what I have now said, you may probably think it proper to obtain information respecting the proportion of medical staff in the

armies of foreign powers, as an outline to direct your research when you come to estimate what may be necessary for our own country. The powers on the continent have more experience of field war than we have, and they calculate their means with better knowledge of the ends than we do. But, besides a knowledge of the proportion of foreign medical staff, which may serve to illustrate and confirm your positions, you will also, I believe, think it advisable to determine, by the best attainable authority, the *maximum* of duty, that is, the greatest number of sick or wounded for whom a physician or surgeon can be supposed to do the needful. This is essential before you definitively fix your proportion; for, as the view which you now offer is, I presume, intended to lay the basis of a permanent system of medical discipline for the national military force, it is understood by the public that no part of the investigation will be passed over negligently. On this ground I come forward at present, and you will, I doubt not, take in good part any hints which I, or any other person may suggest to you on the occasion. And here I observe in the first place that, before you allot the number of patients whom a physician may be thought capable of attending in a proper manner, you



will probably first consider how many hours out of the twenty-four, he may, without injury to his health, devote to this labour. I suppose, and I presume you do the same, that a medical man's duty is his business; and that his business forms his chief pleasure. On this supposition I maintain that a physician, surgeon or hospital mate will not, or ought not to consider himself as overstrained by giving eight hours a day to his hospital duty, if the service require so much, viz. five hours in the forenoon, and three in the afternoon. When the portion of time allotted for daily labour among the sick is fixed, you will probably think it advisable to summon a committee of medical officers, viz. military physicians and military surgeons, with an equal number of physicians and surgeons who do the duties of hospitals in civil life; in the view that, by their help, you may adjudge the quantity of labour to be assigned to each class; for it is proper that this be determined by rule, and that it be determined as justly and as correctly as may be. It is obvious that number must vary according to the difficulty or complication, the danger or safety of the different diseases which are placed under the physician's care; and it is also plain and easily understood that, when

the number is allotted, the task will be easy or oppressive according to the manner in which the subjects are disposed in hospital. If the sick be classed scientifically, and arranged in their wards according to the characters of diseases and their conditions, viz. progress towards recovery or death, a physician will be enabled to execute his medical duty with more facility, and with better effect for one hundred sick, than he could for thirty of the same description, if they be thrown together promiscuously, as seems to be the general practice in our own hospitals in Britain, whether civil or military. The classification to which I allude, and which I adopted in the hospitals at the army depot, made a duty easy which I could not perhaps have otherwise accomplished. With one assistant surgeon and a dispenser of medicines, I prescribed and administered, or saw medicine administered for three hundred patients daily, during the months of September and October 1801, exclusive of various other duties connected with the depot; and I think I can venture to say that, during this time, no one suffered from want of medical attendance. The French regulation for military hospitals allows a physician for two hundred sick; I do not know what Sir Lucas Pepys may be disposed

to think an adequate portion of duty for a physician of the British military staff; I believe however, that he will not be disposed to place it so high as the French. But be that as it may, as there is evidently a difference of opinion on this head among those who have spoken on the subject, and, as I do not suppose that you have knowledge of hospital duties personally yourselves, you will act wisely and proceed safely if you submit the question to the judgment of a professional committee, consisting of men of experience and reputation who have no individual interest in the case. When you have ascertained this point, you will, I doubt not, think it still advisable, as serving to illustrate the subject, to call for regular returns of the sick troops serving on different stations at home or abroad, for instance in the West Indies, Cape of Good Hope, Malta, Sicily, the Baltic, Ireland, &c. accompanied with returns of the medical officers, general and regimental, allotted for their care. Here, if you divide the aggregate amount of the sick by the number of medical officers actually present and supposed to be capable of effective duty, you will see what quantity of labour every medical man actually performs, or is destined to perform; and you will then be able



to judge, by the help of this official document, whether the medical staff exceeds the just proportion, as I alledge, whether it is barely sufficient as some think, or whether it is sometimes insufficient as others seem to insinuate : If you institute such an enquiry as this which I now suggest, you will then find grounds on which you may calculate the proportions of a medical staff for the service of a given force according to rule ; and which, as such, you may put before the government in the confidence that it is sufficient and effective of its purpose under all contingencies.

I am aware that many, indeed that most medical men will be disposed to consider my estimate of the medical staff as too low. In making it, I have not spoken at random : I have however assumed as an implied condition, though it does not exist as things are, that every medical officer—not simply the physician, is competent to the treatment of common diseases, that he is energetic in action and zealous in disposition, that the sick are classed in wards or apartments according to the nature of diseases and their conditions ; and further, that the remedies are administered immediately and under the eye of the person who prescribes. If the conditions now stated be observed faithfully

in practice, I have no apprehensions that the medical staff which I assign will be oppressed with the weight of duty : the duty on the contrary will be always within the compass of its power. If however the conditions be neglected, or the quality inferior, there will be much confusion and great toil ; for I know by experience that no increase of number will be sufficient to remedy the one, or much alleviate the other. The fact is certainly true, and some of yourselves may perhaps have noticed it, that one experienced, intelligent and zealous medical officer is of more value in maintaining the health of an army, than six others who are without experience, little intelligent, and of small zeal.

In endeavouring to give my opinion a specific form through which it might be more easily brought to trial for judgment, I instanced an example, that the medical staffs, appointed for the expeditions to the Cape of Good Hope and the West Indies in the year 1795, far exceeded the just bounds ; and I observed at the same time that, if it should so happen that the whole of the army was in the sick list at once, the hospital staff alone might be deemed equal to the duty of prescribing and administering for this entire force : I even add that, if the parts be arranged scientifically and well

disposed in convenient hospitals, the task would not be a hard one. Dr. Bancroft considers this as extravagant and ridiculous, and forms a case for himself by which he affects to demonstrate its absurdity. I do not notice his epithets for they contain no argument ; but I have said the thing is practicable, and I hold it to be my duty to shew to you at this time that it is easy according to the plan on which I propose to act.

It appears, in looking into the lists of the medical staff which was prepared for the expeditions in 1795, that one physician was allowed for every two thousand men, one staff surgeon or apothecary for every thousand, and one hospital assistant surgeon for every hundred and fifty. There were thus provided for a force of two thousand men, eighteen medical staff officers : these, qualified as they ought to be, I hold to be equal to the care of two thousand sick. In an hospital list consisting of two thousand persons, there are not probably two hundred who are actually in critical circumstances. These I consign, as may be supposed, to the care of the regular physician : the slighter and less complicated cases I commit to the staff surgeons ; the assist-



ants, while under the superintendence of their superiors, may be safely entrusted with the management of the recovering and convalescent.

The Doctor, in his demonstration, proceeds on a premise that I do not admit, and that the rules of the service do not sanction, viz. that none except regular physicians are worthy to be entrusted with the treatment of medical cases. In two thousand patients, it is not improbable but that there may be twelve hundred of such as are called medical; and, if this be so, I would not be so unreasonable as to impose on Dr. Bancroft, notwithstanding his zeal and youthful ardour, a task so enormous as the care of twelve hundred sick, though their maladies might be slight.

He assumes, I have observed, as the base of his argument, a fact, which does not exist. If his premise were founded in the practice of the army, I should readily acknowledge that my calculation was absurd, the execution impossible; but, as things are, medical officers, whether surgeons or assistant surgeons, are intended, and actually ordered by the government to treat the diseases of soldiers, whether internal or external,—not merely to compound drugs

and perform other subordinate drudgeries; and, as this is the case in fact, the medical and surgical treatment of two thousand patients cannot be supposed to bear hard on eighteen medical officers, if even the half of them be worthy of responsible trust.

This I think must be admitted by every one; but besides this there is another point relative to the same subject which requires explanation, I make the assertion at page 75 of my publication, 1805, that “during the late war two thirds of the medical staff were idle, or but half employed; that where the hospital staff acted, the regimental staff did little or nothing; where the regimental staff did its duty, the hospital staff had only to amuse itself, or pursue its private occupations.” This Dr. Bancroft says is not true. My experience tells me the contrary: —That Dr. Bancroft was idle, I do not pretend to say, for I was not near him; and, as he boasts superior skill and high professional attainment, I should have held the inspector-general, Mr Young, highly culpable and neglectful of the duty of his station, if he had permitted the Dr. to amuse himself, or return to England, while disease was so destructive

Superflu-  
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abroad. The Dr. was in fact detained at the post of honor against his will—this is known. My position is then a general one; and, as the fact I alledge was tried on some occasions and proved to be true, I presume it might have been proved in all if experiment had been made.

Proofs of  
Superflu-  
ity of the  
Staff.

The following examples of what was, will serve to shew what might have been. When I myself became senior officer of the medical department in the island of St. Domingo, viz. 1797, I committed the sick of the army, more especially in the district of Port au Prince where I principally resided to the care of regimental surgeons:—these did their duty, and the general hospital staff was set at liberty. This fact is known to many yet living. It was decisive enough in itself; but besides this, similar experiments were made at the Cape of Good Hope, both in the last and in the present war; and these may be thought to furnish a still more precise proof of the position advanced than that which I have now noticed.

The sick of the troops which captured the Cape in 1795 were placed in general hospitals as soon as the place surrendered; general hos-



pitals were in fact the sole depots of sick ; consequently regimental surgeons had, comparatively speaking, nothing to do. The plan was changed at a subsequent period : the general hospitals were broken up, the hospital staff, or the greatest part of it was sent home : the regimental surgeon resumed his function ; he complained of no hardship ; on the contrary, it was said he was pleased to be permitted to resume his duty ; and it is not unnatural to suppose it, for idleness is irksome to people who have been inured in habits of industry.

The possession of the Cape became again an object of desire in the present war ; an expedition was dispatched for the purpose of seizing it ; and an hospital staff was appointed to accompany the expedition. The place surrendered after an action of some consequence, in which our troops sustained considerable loss : an hospital staff was on the spot, and I cannot suppose otherwise than that it lent its assistance to the wounded. It is however true that the basis of the arrangement was regimental, then, and at other times,—if not in name, at least in effect : the purveyor and the greater part of the hospital staff soon returned to England.

We may suppose that there was sickness at the Cape, for sickness is usual with persons who are transported to new climates. Some part of the troops which served at Buenos Ayres likewise arrived at the Cape after our discomfiture in South America ; and it is, I believe, generally known that the sick list among such was high ; yet it is also true that the whole concerns of health were here managed by the regimental staff. The hospital returns for the troops at the Cape are, I presume, preserved in the office in Berkeley Street ; and as the case is recent, the success of the effect may be proved or disproved by reference to these returns : proof of the system adopted may be obtained through the testimony of the general officers who commanded at the different periods ; viz. Sir James Craig, general, F. Dundas, Sir David Baird, and the honourable General Grey. What I now state offers a precise document ; and to this I may add that there is at present a very small hospital in the West Indies,—I believe only one physician ; consequently the regimental staff is left to do its own duty. This being the case, we cannot avoid concluding that, if Lord Castlereagh's assertion formerly noticed be correct, the regimental staff is not insufficient in number, or wanting in skill to do the duty of its office.



The circumstances which I have now mentioned will, I believe, be held to be demonstrative of the fact, that one of the staffs was superfluous, as asserted in my publication of 1805. You will thus, I presume, have the satisfaction of seeing that you have not incurred an error by transcribing it;—there exist, if I am not mistaken, other examples in the history of the army, which may serve to illustrate my position, if you deem further illustration necessary.

You will probably be confirmed in your opinion, from what I have now said, that the hospital staff far exceeded what was necessary during the late war; and it will be no difficult matter, I presume, to convince you, or any other unprejudiced and intelligent person that the other expenditures were very carelessly calculated, and very unjudiciously applied on many occasions. The money accounts of the hospital at the army depot between July 1801 and January 1802, which is the only period when the economical arrangement was conducted according to my own view, shew clearly how the matter stands. The sum of ten-pence per day covered every regular expence connected with subsistence, washing, &c. even including

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the pay and ration of the servants who attended upon the sick. If you examine the registers and the expenditures of other general hospitals in England at the time, you will be enabled to estimate the difference; and if you compare the sick returns with each other, you, or professional men at least, will at once discern what were the relative advantages and disadvantages of economy or profusion. The waste of drugs and unnecessary provision of surgical instruments during the late war, forms another point in the charge; and it is so obvious to every man's apprehension that there cannot perhaps be a dissenting voice on this head of abuse.

I have now, gentlemen, exposed the more strictly professional questions which are treated in your report; and I trust I have done it in such a manner that they will be understood by persons of ordinary comprehension. I have also taken the liberty, on some occasions, to direct you to sources, from which you may obtain such further lights as may serve to illustrate those parts in your report which may be deemed obscure or unexplained. The question is at issue; and, as truth is the point which you endeavour to investigate and ascer-

tain, I humbly suggest to you that this only can be attained by confronting evidence, and demanding demonstration of the fact from those who may have amused you with opinion. The opinions which have been exposed are often in contradiction with each other; criminations and recriminations have followed freely: these are not creditable to any set of men, and least of all to men of the medical profession: they are of no benefit to the public, for they throw but little light on the points in dispute. The case, I am ready to admit, is embarrassed; but it is an object of great national concern that it should be made plain. This can only be done by submitting it to the decision of a Board, or Commission which confronts evidence, and is at the same time competent to judge the question on all its points. Such Board it is evident must comprehend military experience, medical knowledge, and mercantile information; for without acquaintance with the organization and economy of troops, no correct opinion can be formed on the best mode of conducting the concerns of sick soldiers; without a knowledge of medical science, no just estimate can be made of the medical effect, or exhibitions of medical skill; and without information con-



cerning the means and products of different countries, and the rates of market in those countries which may be the scene of war, no adequate and just provision can be made for wants, and no correct estimate made of the money expence. All these points are important to the investigation now under discussion, as well as to the subsequent conducting of this department. It is certainly possible to ascertain the fact of what has been, and estimating the correspondence of cause and effect with each other, it is fair to expect that a base may be thereby discovered, on which a permanent system of arrangement for the medical department of the army may be formed with advantage to the nation, viz—œconomy of means, and efficiency of purpose throughout. I have the honour to be,

GENTLEMEN,

Your most obedient,

And most humble Servant,

ROBERT JACKSON, M.D.

London, June 15, 1808.